1. Briefly describe a future vision for a Missouri Health Information Exchange (HIE). What goals should be accomplished as Missouri develops a strategic roadmap for Health Information Technology (HIT) and Health Information Exchange (HIE) in the state?

- Everyone is exchanging information, which leads to improved care and reduced costs.
- Clinical data needs to be accessible when needed.
- Increased patient compliance
- Intermediate goal – create pilot project to test proposed system.
- Widespread implementation of EMRs.
- Not all entities included –hospice – home health – pharmacy
- Individual zip card info
- Problem communicating with co-entities.
- Have to start slow – to be in complacent with pending state requirements.
- Software vendors to comply once standard establish
- Paper charts separate
- Must have standards early enough to implement XXX
- HIPPA – critical to maintain. Where will data be stored – if go to central data bank – must be accessible to those that need it.
- Pharmacy must be involved to increase safety/compliance of prescription – decrease doctor shopping/drug seeking
- Increase continuity of care
- Managed care companies shows all info on patient
- Electronic records from natural disaster & hackers, etc.
- Miscommunications, security/safety, training?
- HIT has already developed interoperability, don't' reinvent.
- That public & private share – not just private-to-private and public-to-public.
- What health information can and will be shared and how will it be accessed, would have to be defined.
- State repository who would manage info.
- Use of federal model to design state systems.
- Use of Lacey model in Western MO as guide to work.
- Strong laws and regulations for viewing parties.
- Limit of individual hospitals/organizations to use system to gain trends, perhaps assign government agency to do this.
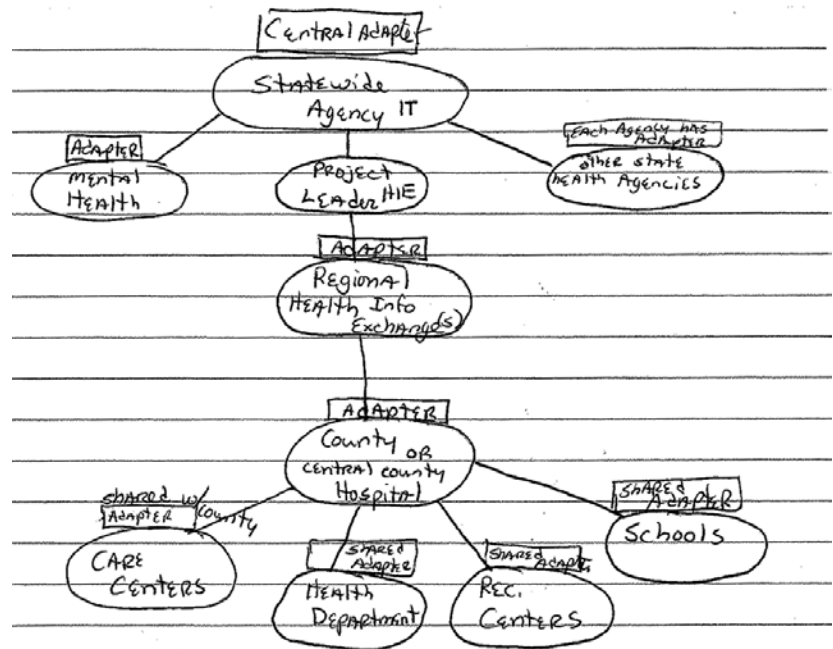
Future Vision of Missouri (HIE) with hardware (IT) Adapter placements

2. What roles are critical for a statewide Health Information Exchange (HIE)?

- Communication with all MO health care providers
- Statewide framework for relationships with existing MO HIEs.
- Data is easily accessible during the patient encounter and is ideally a single screen for providers to access.
- All MO healthcare providers will have data going into and being received from the HIE.
- Sustainable business model being funded by those who benefit.
- What will do with old medical records?
- What format – to save on disc – cd – jump drive?
- What language?
- Must be accessible to all that need to enter info - & have access to only what's needed.
- How will rural MO get fair share vs. urban areas? How will small practioners pay for technology?
- Must have IT support.
- Put monies into demo system to choose from = get the "bugs" out with usage starts/implement.
- Look to states/systems that are working.
- Don't remake the wheel.
- How to get it right??
- Take something that's working well & refine it.
- Public & private.
- Security/privacy – IT & compliance.
- Inaccurate information – QA/QI
- Education to public and providers.
- It helps for private providers that do not have IT departments.
- Statewide HIE project leader or organization.
- Overseer of each network
- Knowledge of what info can and cannot be accessed.

3. What are you most concerned about related to Health Information Exchange (HIE)?

- Privacy & Security – access to clinical data is limited to those who need to know.
- Funding
- Communication to all providers about how to begin interfacing with HIE – implementation of HIE systems and data input
- Patient concern with identity theft & privacy
- Accuracy
- What about HIPAA
- Who gets paid incentives when the patient sees multi-specialty
- Monies
- Interface ability between multiple systems across the state
- Confidentiality
- Security
- Who has access
- Cooperation (mandate)
- Losing control of hospital patient data
- Overload of data
- Ease of use
- Timeliness of patient info
- Cost of increased IT staff, education & training
- Purchasing equipment that will not meet our needs
- Meeting timelines for "meaningful use".
- Risk managers dictating usage due to concern of lawsuits
- NURSING HOME FUNDING? FOR HIT

4. What general comments do you have related to Health Information Exchange (HIE)? What other questions do you have?

- HIE ability to overcome inertia and move toward EMRs & HIE data interchange
- Administration of loan programs
- Patient resistance to electronic communication of HIPAA PHI
- Patient ability to opt out
- Patient data being used for insurance underwriting
- How is this going to help patient health?
- Will it be bi-directional or data warehousing?
- From a technical standpoint, this is not complicated.
- Governance, regulation, overseer will be the difficult part.
- We want to be a part of the process.